



Epi News



Spring 2008

Measles Outbreak in Pima County

On February 2, a 37-year-old woman from Switzerland flew to Arizona, and then flew to Mexico on February 3. She experienced fever onset on February 8, flew back to Arizona on February 9, visited an emergency department in Tucson on February 13, and was hospitalized on February 15. These events sparked the first measles outbreak in Arizona since 1998. Ten additional confirmed cases have been identified. The majority of affected persons were exposed in a health-care setting. Eight cases are laboratory confirmed, and three are epidemiologically linked to confirmed cases. All cases were unvaccinated at the time of exposure. Their ages range from 10 months through 50 years. The dates of onset range from February 12 through April 6.

Notably, **one of the children confirmed to have measles had no known contact to any of the prior measles patients or to the initially affected hospital, suggesting community spread is occurring.** So far, no measles cases have been confirmed outside of Pima County. However, measles cases might be seen in other counties in Arizona in the future.

In February, Coconino County Health Department (CCHD) was notified that six Coconino County residents may have been exposed to measles cases in Pima County. CCHD staff performed contact tracing, including ascertainment of immune status and presence or absence of symptoms. Most of the individuals were found to be immune to measles, and none developed symptoms consistent with the disease. The time period during which these contacts could have

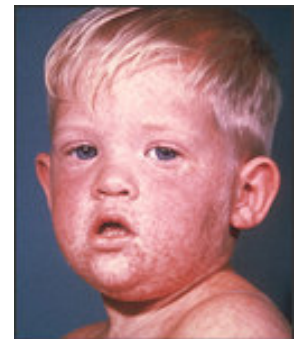
developed measles has long since passed.

The typical presentation of measles is fever with cough, coryza, conjunctivitis and malaise for 2-4 days. Then a maculopapular rash starts on the face and upper body, spreading down over the entire body over the following 3-4 days. Immunocompromised patients may not exhibit rash. Some of the Pima County measles cases had atypical presentations and delayed diagnoses, leading to the exposure of multiple hospitalized patients because they were not placed in airborne isolation immediately after hospital admission.

Measles should be considered in any patient who presents with fever and a maculopapular rash, especially if accompanied by conjunctivitis, cough, and coryza. Measles should also be suspected in people born before 1957 who have compatible clinical symptoms, since a small percentage are susceptible. The following conditions are in the differential diagnosis for measles and should trigger consideration of measles testing: drug rashes (including Stevens-Johnson syndrome), varicella, rubella, scarlet fever, infectious mononucleosis, toxic shock syndrome, Rocky Mountain spotted fever, Henoch-Schönlein purpura, serum sickness, roseola infantum, erythema infectiosum, echovirus, and coxsackievirus.

If you suspect that a patient may have measles, please contact CCHD immediately (see box on back). Measles testing with

serology or viral culture (requires serum, urine and nasopharyngeal specimens) can be facilitated by CCHD. Unimmunized contacts of measles cases can be vaccinated within 3 days of exposure, or given gamma globulin within 6 days of exposure to prevent or ameliorate the illness.



Measles is an extremely contagious viral disease and is spread through the airborne route. To limit institutional spread of measles in a hospital setting, a patient with suspected measles should be placed immediately in a negative pressure room. In a clinic setting, a patient with suspected measles should be quickly placed in a private room with the door closed, and offered a surgical mask. Avoid using the involved examination room for at least 2 hours after the patient leaves. Move suspected measles patients out of waiting rooms as soon as possible.

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Communicable Disease Rules Changed

The revisions to the communicable disease rules (Arizona Administrative Code, Title 9, Chapter 6) have been approved and became effective on April 1st. They passed the Governor's Regulatory Review Council (GRRC) on April 1st and are on their way to the Secretary of State's Office to be published in

the *Administrative Register* on April 25. The most notable changes to the rules are the addition of Chagas disease (American trypanosomiasis) and the removal of vancomycin-resistant *Enterococcus* (VRE) from both the provider and laboratory reporting lists. The revised rules are available at:
www.azdhs.gov/phs/oids/dis_rpt.htm

Measles Outbreak in Pima County - Page 1 story continued: This outbreak highlights the risk of measles importation into any community and the burden of measles cases on healthcare facilities. We strongly encourage all healthcare facilities statewide to evaluate the immune status of workers and suggest that susceptible individuals be vaccinated as recommended in the 1998 ACIP recommendations for measles (<http://www.cdc.gov/mmwr/PDF/rr/rr4708.pdf>) For more information about measles, visit: (www.azdhs.gov/phs/oids/epi/disease/measles/measles_g.htm).

CCHD Disease Reporting Contact Information:

928-679-7222 (8AM – 5PM Mon-Fri.)

928-913-6744 (after hours urgent reports)

928-679-7351 FAX

Mail To: Coconino County Health Department

2625 N. King St., Flagstaff, AZ 86004

More information available at:

<http://www.coconino.az.gov/health.aspx?id=1183>

Communicable Diseases, First Quarter, 2007 and 2008

DIAGNOSIS	2008	2007
Campylobacteriosis	3	4
Chlamydia	109	146
Coccidioidomycosis	0	4
Cryptosporidiosis	0	2
Giardiasis	0	3
Gonorrhea	7	17
<i>Haemophilus influenzae</i> : invasive	1	1
Hepatitis A	0	2
Hepatitis B	3	3
Hepatitis C	12	17
Herpes genitalis	5	8
Meningococcal invasive disease	0	1
Methicillin-resistant <i>Staphylococcus aureus</i> : invasive	8	4
Pertussis	1	1
Salmonellosis	2	1
Shigellosis	0	5
Pneumococcal invasive disease	12	9
Streptococcal group A: invasive	2	1
Syphilis	2	10
Varicella	3	16

*The number of cases diagnosed in residents of Coconino County from Jan. 1 – Mar. 31 during indicated years. Data are provisional and subject to change.



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